

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 22, 2024

Jennifer Hescott Provision Living at West Bloomfield 5475 West Maple West Bloomfield, MI 48322

> RE: License #: AH630381200 Investigation #: 2025A1019011

> > Provision Living at West Bloomfield

#### Dear Licensee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

Elizabeth Gregory-Weil, Licensing Staff Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 347-5503

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

## I. IDENTIFYING INFORMATION

License #:	AH630381200
Investigation #:	2025A1019011
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Complaint Receipt Date:	11/14/2024
Investigation Initiation Date:	11/15/2024
Report Due Date:	01/14/2025
Report Due Date.	01/14/2023
Licensee Name:	PVL at West Bloomfield, LLC
Licensee Address:	1630 Des Peres Road, Suite 310
	St. Louis, MO 63131
Licensee Telephone #:	(314) 238-3821
-	
Administrator:	David Ferreri
Authorized Representative:	Jennifer Hescott
Authorized Representative.	Jennier Hescott
Name of Facility:	Provision Living at West Bloomfield
Facility Address:	5475 West Maple
	West Bloomfield, MI 48322
Facility Telephone #:	(248) 419-1089
Original Issuance Date:	03/27/2019
License Status:	REGULAR
License Status.	REGOLAR
Effective Date:	08/01/2024
Expiration Date:	07/31/2025
Capacity:	113
Supuoity.	
Program Type:	ALZHEIMERS
	AGED

# II. ALLEGATION(S)

Viol	ation
Establ	lished?

Resident C is being improperly discharged.	Yes
Additional Findings	No

#### III. METHODOLOGY

11/14/2024	Special Investigation Intake 2025A1019011
11/15/2024	Special Investigation Initiated - Letter Emailed licensee requesting documentation.
11/15/2024	Inspection Completed BCAL Sub. Compliance

### **ALLEGATION:**

Resident C is being improperly discharged.

#### **INVESTIGATION:**

On 11/14/24, the department received a complaint alleging a wrongful discharge of Resident C. The complaint read that Resident C's contract is not being upheld.

In follow up correspondence with the licensee, I obtained a copy of the discharge notice. The notice dated 11/15/24 read:

After careful consideration and multiple conversations with our team, we have unfortunately concluded that we are unable to meet your expectations and care needs at the level you require. Therefore, per our admission agreement and discharge policy, this letter will serve as a formal 30-day notice to vacate your apartment at Provision Living of West Bloomfield. You will be required to vacate your apartment by December 15, 2024.

We have attached our discharge policy for your reference and want to ensure you have the necessary support and resources during this transition.

Please let us know if we can assist with resources or information to help make this process as smooth as possible. We are committed to supporting you throughout this transition.

Resident C's admission contract was reviewed. The contact outlined the following reasons that a 30-day discharge can occur: medical reasons, his or her welfare or that of other residents, non-payment of rent and voluntary transfer or discharge sought by the resident/ resident's authorized representative. For a medical discharge, the contract outlines that the facility must no longer be able to meet the needs of the resident and/or the resident requires medical evaluation and/or treatment. The discharge notice issued to Resident C did not explain how they can no longer meet his needs. The notice also does not inform the reader of the resident's right to file a complaint with the department.

APPLICABLE RU	APPLICABLE RULE	
R 325.1922	Admission and retention of residents.	
	<ul> <li>(13) A home shall provide a resident and his or her authorized representative, if any, and the agency responsible for the resident's placement, if any, with a 30-day written notice before discharge from the home. The written notice shall consist of all of the following: <ul> <li>(a) The reasons for discharge.</li> <li>(b) The effective date of the discharge.</li> <li>(c) A statement notifying the resident of the right to file a complaint with the department. The provisions of this subrule do not preclude a home from providing other legal notice as required by law.</li> </ul> </li> </ul>	
ANALYSIS:	The discharge notice issued to Resident C did not include all required information as outlined in this rule such as the resident's right to file a complaint with the department.	
CONCLUSION:	VIOLATION ESTABLISHED	

# IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

	11/18/2024
Elizabeth Gregory-Weil	Date
Licensing Staff	

Approved By:

11/21/2024

Andrea L. Moore, Manager Date Long-Term-Care State Licensing Section